

and the articulation of the left clavicle with the adjoining bone. At the same time the urine revealed the presence of a notable quantity of albumin.

At the moment when the patient seemed entering upon convalescence, the fever and the albumin disappearing little by little, he was suddenly carried off in an instant by cardiac symptoms which the autopsy showed to be due to a purulent pericarditis, the existence of which had not been suspected during the life of the patient. In addition to this pericarditis, the autopsy revealed pulmonary congestion, from apparent vestiges of the purulent pleura of the left side, and of pus in the articulations of the left clavicle.

A complete record of the case, and of the autopsy, is appended to the article.

ACUTE RHINOPHARYNGITIS.

PROF. J. LEWIS SMITH, of New York, contributes (*Medical News*, August 29, 1896) a very useful and timely article upon acute nasopharyngeal inflammation, the increase in the frequency and severity of which during the last half of the century he fully recognizes and appreciates, and which he attributes in great measure to the presence of diphtheria and influenza, which were less prevalent previously. The principal causes he assigns are: "Taking cold," as in the ordinary non-microbic form of the malady; further, the presence of chemical or finely divided mechanical irritants present in the atmosphere of large cities, and fragmentary and animal and vegetable materials in the atmosphere of both city and country; but the most frequent cause is assigned to the prevalence of influenza, the minute bacilli of which are able to penetrate into the accessory tubes, sinuses, and anfractuositities connected with the rhinopharyngeal tract, to a greater extent probably than any other pathogenic germ.

Inasmuch as a large proportion of these cases of rhinopharyngeal inflammation are microbic in origin, aseptic sprays or inhalations are recommended at hourly or half-hourly intervals from the very first, with such other appropriate treatment as may from time to time be indicated. Moist air should be maintained, and this may be medicated in warm weather by saturating towels from time to time with suitable solutions, such as oil of eucalyptus and carbolic acid, of each one part to eight parts of oil of turpentine, or, in cool weather, throwing an ounce of the mixture upon two quarts of water contained in a shallow vessel and simmering at a temperature of 170° to 190° F.

Several formulas are recommended for use in sprays: mixtures of aqueous solutions of boric acid and borax, borax and salt, and creosoted alkaline and antiseptic solutions.

ATROPHIC RHINITIS.

DR. W. PEYRE PORCHER, of Charleston, S. C., reports (*New York Medical Journal*, 1896, No. 926) a case of atrophic rhinitis which, after failure under several methods of treatment, was very much benefited by daily packing between the upper turbinate and the roof of the nose, and allowing to remain there for twenty-four hours, a cotton tampon saturated with a solution in glycerin of iodine 40 grains and potassium iodide 2½ drachms to the

ounce. This produced profuse lachrymation and supersecretion, so that the scabs were forced from their old location and became collected in the lower meatus, whence they were blown out.

[It may not be well known to rhinologists that any remedy that produces profuse lachrymation is of great assistance in cleansing the nasal passages in atrophic rhinitis. Women with this disease are always much better after a good cry, whether produced by drugs or by emotion. Indeed, there is a treatment, possibly founded upon the knowledge of this circumstance, consisting in dropping oleaginous solutions into the nasal passages by instillation through the lachrymal duct.]

ENORMOUS SEQUESTRA IN THE NASAL FOSSE RESISTING EFFORTS OF EXTRACTION THROUGH THE NATURAL PASSAGES, AND, AFTER RESISTING ROUGE'S OPERATION FOR DETACHING THE NOSE AND TURNING IT UPWARD, SUCCESSFULLY REMOVED AFTER OLLIER'S OPERATION OF TURNING THE NOSE DOWNWARD.

The above title represents the essential features of this case reported by Drs. E. ROCHARD and A. GOUGUENHEIM (*Annales des Maladies de l'Oreille, du Larynx, etc.*, October, 1896).

A syphilitic female, thirty-three years of age, with nasal obstruction on the left side, and without deformity of the face and nose, came under the care of Dr. Gouguenheim, who found a hard, black tumor entirely obliterating the left nasal fossa. Despite the antecedents of the patient her general condition was so good that the possibility was entertained of the tumor being a rhinolith. Every effort to remove it in mass or piecemeal having failed, the operation of Rouge was performed by M. Ripault, one of the Doctor's assistants, but nothing beyond very insignificant fragments could be detached. After recovery from this operative procedure the patient was transferred to the services of Dr. Rochard, one of the surgeons of the hospital, who performed a temporary resection of the nose downward over the mouth, after the method of Ollier. This access freely permitted digital exploration and ready removal of the necrosed bones, which were two large, thick, irregular sequestra presenting no resemblance to any of the osseous portions of the nasal fossæ. Recovery was prompt, and only a slight cicatrix marked the line of incision. The appearance of the parts was so nearly natural that it was impossible to tell whence these sequestra could have originated.

[This case reminds the compiler of one which he reported to the Pathological Society of Philadelphia many years ago, in which he removed, after crushing them within the nasal passages, sequestra representing necrosed portions of the superior maxillary and other bones, which, when placed together, formed an almost complete skeleton of a considerable portion of the nasal passages, and yet the reproduction of bone had been so thorough that it was difficult to believe that these bones had actually been extracted from the living subject.]

NASOPHARYNGEAL FIBROMATA.

DR. CHARLES M. SHIELDS, of Virginia, read a paper on this subject (*New York Medical Journal*, 1896, No. 928) and reported two cases: one in a young